



General Assembly

January Session, 2013

Amendment

LCO No. 5820

SB0086105820SR0

Offered by:

SEN. MCLACHLAN, 24th Dist.

To: Subst. Senate Bill No. 861

File No. 33

Cal. No. 94

"AN ACT CONCERNING THE MODERNIZATION OF CERTAIN MEDICAL FORMS."

1 After the last section, add the following and renumber sections and
2 internal references accordingly:

3 "Sec. 501. Subsections (a) and (b) of section 38a-477 of the general
4 statutes are repealed and the following is substituted in lieu thereof
5 (*Effective October 1, 2013*):

6 (a) Except where there is an agreement to the contrary between a
7 third-party payer and the health care provider, as defined in section
8 19a-17b, all health care providers shall submit all third-party claims for
9 payment on the current standard Health Care Financing
10 Administration Fifteen Hundred (HCFA1500) health insurance claim
11 form or its successor, or in the case of a hospital or other health care
12 institution, a Health Care Financing Administration UB-92 health
13 insurance claim form or its successor, or in accordance with other
14 forms [which] that may be prescribed by the Insurance Commissioner.
15 With respect to the Health Care Financing Administration Fifteen

16 Hundred health insurance claim form or its successor or other form
 17 prescribed by the commissioner for third-party claims for payment, a
 18 health care provider shall be allowed to use a National Provider
 19 Identifier assigned to such provider by the Centers for Medicare and
 20 Medicaid Services' National Plan and Provider Enumeration System in
 21 lieu of such provider's federal tax identification number.

22 (b) For any claim submitted to an insurer on the current standard
 23 Health Care Financing Administration Fifteen Hundred health
 24 insurance claim form or its successor, if the following information is
 25 completed and received by the insurer, the claim may not be deemed
 26 to be deficient in the information needed for filing a claim for
 27 processing pursuant to subparagraph (B) of subdivision (15) of section
 28 38a-816.

T1	Item Number	Item Description
T2	1a	Insured's identification number
T3	2	Patient's name
T4	3	Patient's birth date and sex
T5	4	Insured's name
T6	10a	Patient's condition - employment
T7	10b	Patient's condition - auto accident
T8	10c	Patient's condition - other accident
T9	11	Insured's policy group number
T10		(if provided on identification card)
T11	11d	Is there another health benefit plan?
T12	17a	Identification number of referring physician or
T13		advanced practice registered nurse
T14		(if required by insurer)
T15	21	Diagnosis
T16	24A	Dates of service
T17	24B	Place of service
T18	24D	Procedures, services or supplies
T19	24E	Diagnosis code
T20	24F	Charges

T21	25	Federal tax identification number
T22		<u>or National Provider Identifier</u>
T23	28	Total charge
T24	31	Signature of physician, advanced practice
T25		registered nurse or supplier with date
T26	33	Physician's, advanced practice registered nurse's
T27		or supplier's billing name,
T28		address, zip code & telephone number"

This act shall take effect as follows and shall amend the following sections:		
Sec. 501	October 1, 2013	38a-477(a) and (b)